U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6723	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOESEPH J MADAR	Name LOCAL UNION NO. 488 IBEW
	Labor Organization File Number 030-309
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 198 SWENDSEN DRIVE	Street 501 MAIN STREET
City MONROE	City MONROE
State Connecticut ZIP Code + 4 06468-1155	State Connecticut ZIP Code + 4 06468-1155
5. Position in labor organization.  VICE PRESIDENT	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  N/A
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.0. Amount
City	\$0
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Insekle Madar	

Name of Person Filing JOESEPH MADAR	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name LOCAL NO 488 IBEW EDUCATION TRUST FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 501 MAIN STREET  City MONROE  State Connecticut ZIP Code + 4 06488-1155	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  PAID FOR REGISTRATION, TRAVEL, LODGING AND MEALS FOR THE FOLLOWING CONFERENCES:  2ND DISTRICT PROJ. MEETING (BRIDGEPORT, CT) \$95 BOSTON LABOR RALLY (BOSTON, MA) \$75 CONST. MAINT. CONF. (WASH., DC) \$2023 IBEW MEMBER DEVEL. CONF. (LAS VEGAS, NV) \$1879  11.b. Approximate dollar value of such dealing. \$4,072 12.a. Nature of interest held or income received.  N/A
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0

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